Improper Implementation of Health Schemes

1770. SHRl V. HANUMANTHA RAO: Will the PRIME MINISTER be pleased to state:

(a) whether Government have too many schemes and missions in |hc health sector, to enable proper focus on any scheme;

(b) how do Government propose to reorient their policies;

(c) whether it is a fact that funds arc baing spent without achieving any fruitful results; and

(d) the steps proposed to be taken on major health problems and hazards, like AIDs, Malaria and Leprosy?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI RENUKA CHOWDHURY): (a) and (b) No, Sir. The schemes in the health sector have been designed to address the primary health care needs particularly of poorer people or where morbidity and mortality rates are high. The formulation of all schemes is undertaken after careful consideration of the incidence and prevalence of communicable diseases and based on technical advice. The implementation of schemes are constantly reviewed and corrections introduced in order to mjke them better oriented to meet the needs of the people. Several policy measures are introduced to address specific problem areas like blood safety, waste disposal, consideration of gender issues and the special problems of the disadvantaged groups.

(c) and (d) Considerable achievements have been registered through the implementation of several disease control programmes like blindness, leprosy, malaria, TB and iodone deficiency disorders programmes. The prevalence of leprosy has been reduced from 57.3/10,000 population in 1981 to 5.8 by march, 1997. Number of malaria cases have been brought down from 6.47 million in 1976 to 2.51 million in 1994. The mortality rate from T.B. has decreased from 80 per cent lakh population in 1970 to 53 in 1993. In an attempt to control blindness 27.30 lakhs cataract operations were performed during 1996-97 as against 11.97 lakhs during 1990-91. For surveilancc of HIV infection, HTV testing facilititics exist in 62 Survcililance Centres all over the country. 55 Sentinel sites have been attached to these centres to monitor the trend of HIV infection among various hign risk groups of population. The safety of blood has been ensured. Establishment of 154 Zonal Blood testing Centres, modernisation of 815 Blood Banks, establishment of 40 Blood Component Separation Facilities and promotion of voluntary blood donation have been taken up. Strengthening of 504 STD clinics, training of doctors and laboratory technicians have also been undertaken. Although the impact varies from place to place the overall acnievement has been significant.

Review of family welfare' programmes

1771. SHRI BHAGABAN MAJHI: Will the PRIME MINISTER be pleased to state:

(a) whether Government have made any review of the implementation of fami-ily welfare programmes in the country;,

(b) if so, what are the family welfane programmes being implemented in various states; and

(c) the details of the success achieved by each State in implementing these programmes during the Eighth Five Year Plan?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI RENUICfV CHOWDHURY): (a) and (b) Review of implementation of the National Family Welfare Programme is an ongoing process. The programmes pertain to provision of contraceptive services for controlling the growth of population in the short run and package *oi* quality reproductive and child health services, with supporting supplies and information, for medium and long term results.

(c) Statewise achievement in implementing the family welfare programmes is reflected in the statement annexed *{See* below).

Statement

Statewise Performance in Family Welfare

Sl. No.	Name of State/UT	Crude Birth Rate (per 1000 Population)	Infant Mortality Rate (per 1000 live births)	Couple Protcclion Rate (7o as on 31.03.97)	Total Fertility Rate (1993)
(1)	(2)	(3)	(4)	(5)	(6)
	INDIA	28.3	74	45.4	3.5
	STATES				
1.	Andhra Pradesh	24.2	67	46.9	2.7
2.	Arunachal Pradesh	23.8	63+	12.1	NA
3.	Assam	29.3	77	19.1	3.3
4.	Bihar	32.1	73	21.1	4.6
5.	Gujarat	26.7	62	57,4	3.2
6.	Goa	14.7	14+	32.9	NA
7.	Haryana	29.9	69	53.9	3.7
8.	Himachal Pradesh	25.2	63	55.3	2.8
9.	Jammu & Kashmir	NA	NA	17.6	NA
10.	Kamataka	24.1	62	55.6	2.9
11.	Kerala	18.0	15	46.7	1.7
12.	Madhya Pradesh	33.2	99	47.4	4.2
13.	Maharashtra	24.5	55	51.0	2.9
14.	Manipur	20.6	27+	23.7	NA
15.	Meghalaya	29.0	45+	4.0	NA'
16.	Mizoram	NA	NA	44.2	NA
17.	Nagaland	20.1*	6+	8.1	NA
18.	Orissa	27.8	103	39.5	3.1
19.	Punjab	24.6	54	76.9	3.0
20.	Rajas than	33.3	86	32.6	4.5
21.	Sikkim	22.5	47+	23.7	NA
22.	Tamil Nadu	20.3	54	51.7	2.1
23.	Tripura	18.9	45+	26.3	NA
24.	Uttar Pradesh	34.8	86	37.2	5.2
25.	West Bengal	23.6	58	34.2	3.0

(1)	(2)	(3)	(4)	(5)	(6)
	UNION TERRITORIES				
1.	Andaman and Nicobar Islands	18.7	32+	40.9	NA
2.	Chandigarh	19.5	42+	38.3	NA
3.	Dadra and Nagar HaveK	29.7	78+	35.6	NA
4.	Daman and Diu	21.8	36+	36.8	NA
5.	Delhi	23.3	39+	33.9	NA
6.	Lakshadweep	25.5	37+	9.6	NA
7.	Pondicherry	20.1	25+	65.7	NA

Source: Col (3) and (4), Sample Registration System (SRS) data for 1995. Col (6) SRS data for 1993.

NA : Not Available.

*: Figures related to SRS 1994.

+ : Three year moving average (1993—95).

Compulsory administration of Energerix B Vaccine

1772. SHRI SANJAY DALMIA: WUI the PRIME MINISTER be pleased to state:

(a) whether Government propose to make compulsory administration of the Energerix B Vaccine for children;

(b) whether any specific age group of children or any vuhierable area is intended to be covered first;

(c) if so, the details thereof; and

(d) the reasons for not bringing the vaccine under the Universal Immunisation Programme?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI RENUKA CHOWDHURY): (a) No, Sir.

(b) and (c) Do not arise.

(d) No complete epidemiological data on Hepatitis B carrier rate is in our country. The current high cost of the vaccine and the existence of other priority health problems are the main reasons for not including Hepatitis B vaccine at present in Immunization Programme.

Innitration of Pakistani and mercenary militants across LOC

1773. SHRIMATI VEEN A VERM A Will the PRIME MINISTER be pleasec to state:

(a) whether large-scale infiltration of Pakistani and mercenary militants has continued unabated across the borders and the Line of Control in Jammu and Kashmir:

(b) if so, the number of such militants apprehended, and the number and details of incidents of militancy in the State perpetrated by such militants since the new elected Government took over in the State; and

(c) Government's reaction thereto for effectively curbing such militancy?

THE MINISTER OF STATE IN THE MINISTRY OF PERSONNEL, PUBLIC GRIEVANCES AND PENSIONS AND MINISTER OF STATE IN THE MINISTRY OF PARLIAMENTARY AF-FAIRS (SHRI S.R. BALASUB-RAMONIYAN): (a) Government are aware of the reports of Pak ISI resorting to mcreased use of trained Pak militants/ ^reign mercenaries to give a fillip to the militancy in J & K.